

## NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

### NOTICE OF EXEMPT RULEMAKING

#### TITLE 9. HEALTH SERVICES

#### CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

#### HEALTH PROGRAMS SERVICES

#### PREAMBLE

1. **Sections Affected**

Article 8	<b>Rulemaking Action</b>
R9-25-805	New Article
Exhibit 1	New Section
Exhibit 2	New Exhibit
Exhibit 3	New Exhibit
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. § 36-2205(A)  
Implementing statute: A.R.S. § 36-2205(C)
3. **The effective date of the rules:**

May 20, 1997
4. **A list of all previous notices appearing in the Register addressing the exempt rule:**

None.
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name:	William J. Singer, Manager Rules and Protocols
Address:	Office of Emergency Medical Services 1651 East Morten, Suite 120 Phoenix, Arizona 85020
Telephone:	(602) 255-1170
Fax:	(602) 255-1134
6. **An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

The adopted rule will allow certified EMT-Basics who have successfully completed an EMT-Basic intravenous access course to perform the intravenous access procedure. A.R.S. § 36-2205(A) permits the Director of ADHS, in consultation with the medical director of the office of EMS and the medical direction commission, to establish this rule.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable.
8. **The summary of the economic, small business, and consumer impact:**

Not applicable.
9. **A description of the changes between the proposed rules, including supplemental notices, and the final rules (if applicable):**

Not applicable.
10. **A summary of the principal comments and the agency response to them:**

Not applicable.
11. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable.

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12. Incorporation by reference and their location in the rules:  
None.
13. Was this rule previously adopted as an emergency rule:  
No.
14. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES**

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES**

**ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR**  
**EMERGENCY MEDICAL TECHNICIANS**

- R9-25-805. Protocol for IV Access by EMT-Basics  
Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics  
Exhibit 2. Course Outline  
Exhibit 3. IV QA Form

**ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR**  
**EMERGENCY MEDICAL TECHNICIANS**

**R9-25-805. Protocol for IV Access by EMT-Basics**

- A. IV access shall be performed only by an EMT-Basic who has received training in this optional procedure meeting the curriculum and course outline requirements as shown in Exhibit 1 and Exhibit 2.
- B. Prior to performing IV access, an EMT-Basic trained in IV access shall have received prior written approval from the EMT-Basic's EMS provider agency and from an ALS base hospital medical director who agrees to provide medical control authority for the EMT-Basic.
- C. An EMT-Basic shall perform IV access only under "on line"

medical direction, under standing orders approved by the ALS base hospital medical director, or under the direction of a currently certified EMT-paramedic or EMT-intermediate who is also attending the patient upon whom the EMT-Basic is to perform the procedure.

- D. An EMT-Basic shall be trained to use this procedure in a manner which shall not delay patient transportation to the hospital.
- E. The base hospital shall be responsible for quality assurance and skill maintenance, and shall record and maintain the EMT-Basic's IV access attempts on the QA form as shown in Exhibit 3. These forms shall be retained throughout an EMT-Basic's current certification period.
- F. An EMT-Basic trained in this optional procedure shall have a minimum of five IV starts per year. If less than five, the EMT-Basic shall participate in a supervised base hospital clinical experience in which to obtain the minimum of five IV starts.
- G. In this section, unless the context otherwise requires, "EMS provider agency" means the employer of a person certified as an EMT-Basic.

**Exhibit 1**

Lecture/Lab

**Vascular Access for EMT-Basics**

Course Description:

Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.

Prerequisites:

Certified EMT-Basic, under Medical Direction

Credit Hours:

One (1) credit hour; 16 clock hours

Course Competencies:

This course is designed to develop the following course competencies:

1. Identify the need for fluid resuscitation in neonate, infant, pediatric and adult victims (I)
2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric and adult victims (II)
3. Identify and differentiate isotonic, hypotonic and hypertonic solutions (III)
4. Select fluids; set up and manage equipment (IV)
5. Identify and demonstrate aseptic and safety techniques (V)

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6. Identify and describe indications and contraindications for intravenous site selection (VI)
7. Perform all peripheral intravenous cannulation techniques (VII)
8. Perform blood drawing techniques (VIII)
9. Monitor infusion (IX)
10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X)
11. Demonstrate 85% proficiency on a written examination (XI)

**Exhibit 2**

Vascular Access for EMT-Basic

COURSE OUTLINE

- I. Indications for Vascular Access
  - A. Restore fluid volume
  - B. Restore and maintain electrolyte balance
  - C. Administration of medications
  - D. Obtaining blood specimen
- II. Identification of common vascular sites
- III. Intravenous Solutions
  - A. Isotonic
  - B. Hypotonic
  - C. Hypertonic
  - D. Indications for each
- IV. Needle/Catheters and Intravenous Administration Sets
  - A. Types
  - B. Sizes
  - C. Administration sets
    1. pediatric
    2. blood pump
    3. 3-way
    4. pressure infuser
  - D. Set-up
- V. Asepsis and Safety
  - A. Site preparation
  - B. Universal precautions
  - C. "Sharp" disposal
- VI. Site selection
- VII. Peripheral Intravenous Cannulation
- VIII. Drawing Blood
  - A. Indication
  - B. Site preparation
  - C. Universal precautions
  - D. Identification of specimen(s)

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- E. "Sharp" disposal
- E. Documentation
- XI. Monitoring the Intravenous Infusion
  - A. Signs and symptoms of infiltration and extravasation
  - B. Techniques for removal
  - C. Documentation
- X. Practicals
  - A. Mannequin
  - B. Human subjects
- XI. Final Written Examinations

**Exhibit 3**

EMT-Basic IV Access

QA Form:

Incident # \_\_\_\_\_ Date \_\_\_\_\_

EMT # \_\_\_\_\_ Name \_\_\_\_\_

Patient Age: \_\_\_\_\_ Sex: M F

BLS on scene time: \_\_\_\_\_

IV start time: \_\_\_\_\_ IV on scene \_\_\_\_\_ IV enroute \_\_\_\_\_

Type of fluid: \_\_\_\_\_ Volume infused: \_\_\_\_\_

Medical Control Authorization: On-line base hospital: \_\_\_\_\_

Standing orders: \_\_\_\_\_ Paramedic/IEMT direction: \_\_\_\_\_

Ambulance on scene time: \_\_\_\_\_

ALS on scene time: \_\_\_\_\_

ALS meds given IV: Yes No Time given: \_\_\_\_\_

EMT IV attempts: \_\_\_\_\_ If greater than 2, give reason: \_\_\_\_\_

Complications: Yes No Describe \_\_\_\_\_

Patient Outcome: \_\_\_\_\_